2015-2016 Comparison of PPO & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		HMO (85%)[1] BCN, HAP, HealthPlus, McLaren, PHP, Priority Health	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Preventive Services				
Health maintenance exam	100%, 1 per year	Not Covered	100%	Varies per plan
Annual gynecological exam	100%, 1 per year	Not Covered	100%	Varies per plan
Pap smear screening - laboratory services only[2]	100%, 1 per year	Not Covered	100%	Varies per plan
Well-baby and child care	Covered 100%	Not Covered	100%	Varies per plan
Immunizations, annual flu shot, & Hepatitis C screening for those at risk	Covered 100%	Not Covered	100%	Varies per plan
Childhood Immunization	Covered 100% through age 16	Covered 80%	100%	Varies per plan
Fecal occult blood screening[2]	Covered 100%	Not Covered	100%	Varies per plan
Flexible sigmoifoscopy[2]	Covered 100%	Not Covered	100%	Varies per plan
Colonoscopy[2]	Covered 100%	80% after deductible	100%	Varies per plan
Prostate specific antigen screening[2]	100%, 1 per year	Not Covered	100%	Varies per plan
Mammography[2]	Covered 100%	80% after deductible	100%	Varies per plan

[1]The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage code under the SHP-PPO.

[2]American Cancer Society guidelines apply.

Physician Office Services				
Office visits, consultations, and urgent care visits	$20 co-pay deductible not applicable	Covered 80% after deductible	$20 co-pay deductible not applicable	70% after deductible
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	$20 co-pay deductible not applicable	Not Covered
Emergency Medical Care[3]				
Hospital emergency room for medical emergency or accidental injury	$200 co-pay (Waived if admitted as inpatient)		$200 co-pay (Waived if admitted as inpatient)	
Ambulance services - medically necessary	90% after deductible		100% after deductible	

[3]Emergency room and Physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered $25 maximum.

Diagnostic Services				
Laboratory and pathology tests	90% after deductible	80% after deductible	100%	80%
Diagnostic tests and x-rays			100% after deductible	80% after deductible
Radiation therapy				
Maternity Services (Includes care by a certified nurse midwife SHP PPO Only)				
Prenatal care	100%	80% after deductible	Covered 100%	Varies per plan
Postnatal care	90% after deductible		$20 co-pay	Varies per plan
Delivery and nursery care[4]			100% after deductible	Varies per plan

[4]Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan

Hospital Care				
Semi-private room, inpatient physician care, general nursing care, hospital services, and supplies	90% after deductible, unlimited days	80% after deductible, unlimited days	100% after deductible, unlimited days	Varies per plan
Inpatient consultations	90% after deductible	80% after deductible	100% after deductible	
Chemotherapy				
Alternative to Hospital Care				
Skilled nursing care up to 120 days per confinement	90% after deductible		100% after deductible	Varies per plan
Hospice care	100% (Limited to the lifetime dollar maximum that is adjusted annually by the State)		100% after deductible	Varies per plan
Home health care	90% after deductible, unlimited visits		Check with your HMO	Varies per plan
Surgical Services				
Surgery - includes related surgical services	90% after deductible	80% after deductible	100% after deductible	Varies per plan
Male vasectomy			100% after deductible	Varies per plan
Female voluntary female sterilization	100%		100%	Varies per plan
Human Organ Transplants				
Liver, heart, lung, pancreas, and other specified organ transplants	100% in designated facilities only. Up to $1 million lifetime maximum for each organ transplant.		100% after deductible in designated facilities	Varies per plan
Bone marrow-specific criteria apply	100% after deductible in designated facilities		100% after deductible in designated facilities	Varies per plan
Kidney, cornea, and skin	90% after deductible in designated facilities	80% after deductible	100% after deductible subject to medical criteria	

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Other Services				
Allergy testing and therapy (non-injection)	90% after deductible	80% after deductible	100% after deductible.	Varies per plan
Allergy injections	90% after deductible	80% after deductible	100%	Varies per plan
Acupuncture	80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO	
Rabies treatment after initial emergency room visit	90% after deductible	80% after deductible	Office visit - $20 co-pay. Injections covered 100%	Varies per plan
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	90% after deductible	80% after deductible	100% after deductible	Varies per plan
Chiropractic/spinal manipulation	$20 co-pay - Up to 24 visits per calendar year	80% after deductible - Up to 24 visits per calendar year	Check with your HMO	Varies per plan
Durable medical equipment Prosthetic and orthotic appliances - *Support Program*	100%	80% of approved amount	Check with your HMO	Varies per plan
Private duty nursing	Covered 80% after deductible		Check with your HMO	
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of $300. (Additional wigs covered for children due to growth).		Check with your HMO	
Hearing Care Exam	$20 co-pay for office visit	80% after deductible	Check with your HMO	Varies per plan
Mental Health/Substance Abuse				
Mental Health Benefit - Inpatient	100% up to 365 days per year[5]	Covered 50% up to 365 days per year	Check with your HMO; Inpatient services subject to deductible	Varies per plan
Mental Health Benefit - Outpatient	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO	Varies per plan
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100%[6] Halfway House 100%	Covered 50%[7] Halfway House 50%	Check with your HMO; Inpatient services subject to deductible	Varies per plan
Alcohol & Chemical Dependency Benefits - Outpatient	$3,500 per calendar year 90% of network rates. 10% co-pay[7]	$3,500 per calendar year 50% of network rates	Check with your HMO	Varies per plan

[5]Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.
[6]Two 28-day admissions per year with at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.
[7]$3,500 per calendar year limitation pertains to services for chemical dependency only.

Outpatient Physical , Speech, and Occupational Therapy (Combined maximum of 90 visits per calendar year)				
Outpatient Physical, speech, and occupational therapy - facility and clinic services	90% after deductible	90% after deductible	$20 co-pay	Varies per plan
Outpatient physical therapy - physician's office		80% after deductible		
Deductible, Co-Pays, Out-of-Pocket Maximum and Prescription Drugs				
Deductible[8]	$400/member & $800/family	$800/member & $1,600/family	$125/member & $250/family	$300/member & $600/family
Coinsurance	10% for most services. 20% for acupuncture and private duty nursing	20% for most services 50% for mental health/substance abuse	n/a	
Out-Of-Pocket Maximum	$2,000/member & $4,000/family	$3,000/member & $6,000/family	$2,000/member & $4,000/family	
Prescription Drug Co-Pays	Retail-$10/$30/$60 Mail Order-$20/$60/$120		Retail-$10/$30/$60 Mail Order-$20/$60/$120	

[8]Deductible amounts for the SHP - PPO renew annually each January with the start of the new plan year. Deductible amounts for the HMOs renew annually each October with the start of the new plan year.